

California's Coordinated Cancer Prevention and Control Program

Evaluation Report



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June 2013
FY 2012-2013

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Executive Summary

The Coordinated Cancer Prevention and Control Program (CCPCP) was funded in June of 2012 by the Center for Disease Control and Prevention (CDC) to coordinate and integrate state cancer and chronic disease control programs through the establishment of a formal management structure. Focused activities center around enhancing the use of surveillance data, promoting population-based cancer screening, coordinating cancer program activities with the existing cancer coalition, and aligning cancer and chronic disease programs with *California's Comprehensive Cancer Control Plan 2011-2015*, hereinafter referred to as the state cancer plan for the remainder of this document.

To date, the CCPCP has successfully established a management and leadership structure (Appendices B & C) serving as the vehicle that provides the California Department of Public Health (CDPH) with the ability to coordinate and collaborate with the California Cancer Registry (CCR), the California Comprehensive Cancer Control Program (CCCP), National Breast and Cervical Cancer Early Detection Program (NBCCEDP), and other state cancer and chronic disease control programs; resulting in efficiency and enhanced effectiveness of cancer prevention and control activities.

This evaluation report will focus on 5 main recipient activity (RA) components in order to measure performance:

1. Program, Management, Leadership, and Coordination
2. Enhanced use of Surveillance Data
3. Promotion of Population-based Cancer Screening
4. Coordination of Cancer Program Activities with the California Dialogue on Cancer (CDOC)
5. Alignment of state cancer programs with the state cancer plan

Performance was evaluated based on program priorities, activities, measurables and final outcomes. Outcomes included: the establishment of strong, effective, and coordinated leadership across all federally-funded cancer programs; evidence of routine and increased use of CCR data to help inform public policy and measure the success of cancer control interventions; the increase in population level screening prevalence for breast, cervical, and colorectal cancer; evidence that the CDOC coalition is fully engaged and extending the reach of state cancer and chronic disease programs; evidence of effectiveness in educating stakeholders about effective policy and system change (PSE) approaches; and the extent to which the annual (year one) and project period objectives (five year goals) of each RA are aligned with the state cancer plan.

Background

In 1998, the CDC established the National Comprehensive Cancer Control Program in order to address cancer prevention and control issues across the country. Over the past two decades, CDC has collaborated with health departments and other organizations to further develop and reinforce improved health systems for cancer prevention and control. CCPCP has aided in this effort by enabling programs to coordinate and collaborate across CDC-funded cancer and chronic disease programs in order to promote efficiency and enhance effectiveness.

Funded in June 2012, CCPCP came into existence and serves as a mechanism to build capacity and cross-coordinate cancer control efforts among CDC-funded cancer and chronic disease programs within CDPH. Thus far, this organized structure has provided a state-level constituency of professional stakeholders to set the agenda in addressing the burden of cancer in California through coordinating an infrastructure and integrating strategies.

This report focuses on evaluating five separate areas of the CCPCP: 1) program leadership, management, and coordination; 2) enhanced use of surveillance data; 3) promotion of population-based cancer screening; 4) coordination of cancer program activities with existing cancer coalition; and 5) alignment of state cancer programs with the state cancer plan.

Evaluation Purpose

The purpose of California's Coordinated Cancer Prevention Control Program (CCPCP) evaluation is as follows:

1. To determine to what extent CCPCP activities have contributed to the larger goal of coordinating and collaborating across state level cancer and chronic disease programs.
2. To determine to what degree collaborative relationships and formal activities among CDPH/DHCS programs have been established.

3. Inform to the Centers for Disease Control (CDC), CDPH and California's interested communities as to the effectiveness of CCPCP.

The findings from this evaluation will be submitted to the CDC by September 30, 2013. The final report will be disseminated to CDPH/DHCS leadership and cancer and chronic disease programs, coalition partners, key stakeholders, and all other interested community partners. This evaluation was coordinated by CCPCP staff.

Program Description

CCPCP was established based on the idea that collaboration between public health stakeholders provides an enhanced framework to improve the scope and quality of coordinated efforts. The goal of CCPCP is to contribute to improved cancer prevention and control program outcomes by integrating and coordinating efforts, identifying priorities needed to address objectives and strategies included in the state cancer plan, and establishing an efficient, effective, and coordinated leadership structure.

Priorities

It is CCPCP's priority to establish program coordination and increased integration of program activities with the state cancer plan among programs and partners. CCPCP will also promote the use of cancer and chronic disease surveillance data and promote the utilization of population-based cancer screenings conducted throughout California. Additionally, CCPCP will engage with cancer and chronic disease prevention and control programs to carry out activities in alignment with the state cancer plan.

Key programs involved with CCPCP

CCR, California Colon Cancer Control Program (C4P), CCCP, Coordinated Chronic Disease Prevention Program (CCDPP), CDOC, and NBCCEDP also known as Every Woman Counts (EWC).

Program Context

CCPCP is housed under the same CDPH branch as the CCCP. In June of 2012, both programs went through a transition that resulted in a delay in executing program activities and hiring program staff. Despite this shift, CCPCP progressed as a formal program of CDPH. Prior to being funded, the CCCP Principal Investor and Program Director established relationships with CDPH cancer and chronic disease programs collaborating on relevant cancer prevention and control activities. Program activities have included the establishment of work groups, the development of formal work plans that facilitate collaboration in the areas of surveillance, screening promotion, communications and policy, system and environmental approaches. The CCPCP Advisory Committee, comprised of dedicated leadership from CDPH CDC-funded cancer and chronic disease programs, has assisted in the coordination of program goals, recipient activities, and performance measures. Additionally, CCPCP and CCCP have partnered a great deal in fulfilling program objectives and program functions in alignment with the state cancer plan.

Findings at a Glance

Recipient Activity 1. - Program Leadership, Management, and Coordination

Promptly following program start date, CCPCP formed CCPCP Advisory Committee. This prompted the establishment of a collaborative infrastructure and further reinforced relationships with key cancer and chronic disease programs within CDPH and DHCS.

Recipient Activity 2. - Enhanced use of Surveillance Data

Partnering in the development and implementation of the *CCPCP Surveillance Plan 2012-2013*, CCPCP and CCR have defined surveillance priorities for the purpose of contributing to increased usage of cancer surveillance data and determining collaborative activities relevant to CCPCP program priorities. Additionally, CCPCP, CCCP and CCR have effectively collaborated to present a comprehensive webinar on the utilization of CCR services.

Recipient Activity 3. - Promotion of Population-Based Cancer Screening

Together with NBCCEDP, CCPCP has established a population-based cancer screening team, the Public Education and Targeted Outreach (PETO) team. The PETO screening team has met regularly, developed a work plan, and identified outreach strategies.

Recipient Activity 4. - Coordination of Cancer Program Activities with Existing Cancer Coalition

CCPCP coordinated training activities with the wider CDOC coalition and other cancer and chronic disease community partners which included the development of a webinar co-hosted and offered in coordination with CCR. In another activity, CCPCP sought guidance from the CDOC on the development of a website mechanism to be used for the purpose of following up with stakeholders interested in partnering with CDOC and other coalitions.

Recipient Activity 5. - Alignment of Cancer Programs with Cancer Control Plan

CCPCP developed a formal mechanism that analyzed the alignment of priorities in chronic disease program plans with those in the state cancer plan called the *Cancer and Chronic Disease Program Alignment Tool*. Commonalities were sought and found in four main areas of the state cancer plan: primary prevention, cancer-related health disparities, advocacy and research and surveillance. This mechanism of analysis was shared with the CCPCP Advisory

Committee, resulting in the development of a planning tool to guide current and future work associated with the state cancer plan.

Recommendations at a Glance

Recipient Activity 1. - Program Leadership, Management, and Coordination

It is recommended that future work of CCPCP focus on increasing the number of coordinated collaborative activities across cancer and chronic disease programs.

Recipient Activity 2. - Enhanced use of Surveillance Data

It is recommended that pre/post surveys be conducted concurrently with future surveillance training activities in order to strengthen baseline statistics and more accurately measure evaluation outcomes.

Recipient Activity 3. - Promotion of Population-Based Cancer Screening

It is recommended CCPCP continue its partnership with PETO and work to identify a CDC recommended population in which to promote cancer screening as well as continue the process of establishing formal agreements with health systems in California such as Medi-Cal and health plans.

Recipient Activity 4. - Coordination of Cancer Program Activities with Existing Cancer Coalition

It is recommended that CCPCP further develop a formal mechanism which allows CDOC to interactively interface with other CDPH cancer and chronic disease coalitions online.

Additionally, it is recommended this mechanism be widely promoted to the greater membership of cancer and chronic disease coalitions in California.

Recipient Activity 5. - Alignment of Cancer Programs with Cancer Control Plan

It is recommended CCPCP further utilize the *Cancer and Chronic Disease Program*

Alignment Tool in order to analyze additional chronic disease program plans as they become available. Additionally, it is recommended for CCPCP to continue to identify areas of alignment among state cancer and chronic disease programs.

Evaluation Questions

Recipient Activity 1.

CCPCP has been tasked with establishing a coordinated and collaborative infrastructure among California cancer and chronic disease programs. Within the last year, CCPCP has established an efficient, effective and coordinated leadership infrastructure by partnering with CCR, NBCCEDP, CCDPP, C4P, and CCCP to collaborate and coordinate efforts following the state cancer plan. To assess the extent to which CCPCP established an infrastructure, one question was posed as part of this evaluation.

1. Question: Has CCPCP established a coordinated & collaborative infrastructure among all cancer and chronic disease programs?

Recipient Activity 2.

Tasked with cultivating increased utilization of comprehensive and understandable cancer-related surveillance data, this year CCPCP has developed, promoted and conducted part one of a series of webinar trainings offered in partnership with CCR on the topic of available cancer surveillance data. To assess the degree to which CCPCP has successfully facilitated increased utilization of surveillance data to state programs and stakeholders, the question below was posed.

Question: Has the utilization of surveillance data by state programs and stakeholders been facilitated by CCPCP?

Recipient Activity 3.

Charged with promoting population-based cancer screening and coordinating efforts with health systems in California, CCPCP in partnership with the NBCCEDP has established a cancer screening workgroup aimed at coordinating breast and cervical cancer screening outreach strategies to underserved and disadvantaged communities. To assess the extent to which CCPCP has been effective in coordinating efforts with NBCCEDP the question below was posed.

1. Question: Has CCPCP worked to successfully establish the promotion of population-based cancer screening?

Recipient Activity 4.

Thus far, CCPCP has diligently worked to engage CDOC in coordinated activities outlined in the state cancer plan. Activities included a training co-hosted with CCR called *Surveillance 101* and a PSE training called *An Introduction to Policy, Systems, and Environmental Change (PSE) Approaches in Cancer Control*. Additionally, CCPCP has continued building capacity for CDOC implementation teams through facilitating discussions to coordinate cancer program activities. To assess if CCPCP has coordinated program activities with the existing cancer coalition, the below question was posed.

1. Question: Has CCPCP coordinated cancer program activities with existing cancer coalitions?

Recipient Activity 5.

CCPCP has established a mechanism in order to ensure relevant priorities of all cancer and chronic disease programs are in alignment with the state cancer plan. Thus far, CCPCP has developed a formal mechanism in the form of a comprehensive online tool; which has the ability to compare priorities from chronic disease program plans and contrast them with priorities areas outlined in the state cancer plan. To assess to the extent to which CCPCP facilitated early stage alignment of cancer and chronic disease programs with the state cancer plan the below question was posed.

Question: Has CCPCP facilitated the alignment of cancer and chronic disease programs with the state cancer plan?

Findings

Recipient Activity 1.

Has CCPCP established a coordinated & collaborative infrastructure among all cancer and chronic disease programs?

Despite delays in program start date related to an administrative transition, CCPCP has established a coordinated and collaborative infrastructure among state cancer and chronic disease programs. Prior to program start date, CCPCP had sought and established collaborative relationships with key cancer and coordinated chronic disease prevention programs with state cancer and chronic disease control programs. As a result of previously established relationships, CCPCP was in prime position to successfully form the CCPCP Advisory Committee and convene regular meetings for the purpose of establishing program infrastructure and garnering feedback for all program activities. Through convening these

meetings, CCPCP has effectively shaped a collaborative leadership infrastructure. The CCPCP Advisory Committee consists of representation from CCR, NBCCEDP, CCDPP, C4P, and CCCP. As a benefit of CCPCPs collaborative infrastructure, resources and expertise were coordinated among all involved cancer and chronic disease programs in developing CCPCP program plan, surveillance plan and activity planning tool.

During this program year, CCPCP successfully coordinated resources and expertise from aforementioned partnerships to work together on the initial development of program planning and in conducting a program evaluation.

Recipient Activity 2.

Has the utilization of surveillance data by state programs and stakeholders been facilitated by CCPCP?

CCPCP and CCR have worked together to establish a CCPCP *Surveillance Plan (2012-2013)*. In terms of cancer prevention and control, the purpose of the surveillance plan is two-pronged: to establish a collaborative plan among CCPCP and CCR that defines surveillance program priorities which will contribute to the increased use of surveillance data and to determine coordinated activities that contribute to specific program priorities. Within the surveillance plan, three priorities exist; the provision of oversight for increase usage of CCR data to improve efficiency, facilitation of CCR data exchange among state cancer programs, and facilitation of routine data linkages. This year, through fulfilling surveillance plan priorities a training opportunity was developed and carried out in partnership with CCR and CCCP.

CCPCP, CCCP and CCR collaborated to present a webinar on the utilization of registry services called *CCR Surveillance Data 101*. Promoted to CDPH staff, coalition stakeholders

and interested public entities, this webinar addressed cancer surveillance strategies outlined in the state cancer plan. Goals of the webinar were to share information on surveillance data regarding the burden of cancer, highlight existing cancer reports developed by CCR, increase awareness of CCR publications available, inform attendees on cancer data and mapping tools, and outline data research request requirements. Additionally, CCR data and mapping tools were noted to have been used to monitor new cases, examine disparities, examine treatment, measure success, and conduct research. The webinar was well attended by more than 65 individuals representing more than 20 organizations throughout California. Questions and comments after the webinar indicated an increase in awareness of the types of CCR data available, improved general understanding of CCR services, and increased knowledge of CCR.

Recipient Activity 3.

Has CCPCP worked to establish the promotion of population-based cancer screening?

CCPCP together with NBCCEDP has established the PETO screening team which has built stakeholder capacity in terms of promoting population-based screening. The purpose of the PETO screening team is to support population-based screening activities with the goal of increasing screening rates among all socio-economically disadvantaged California women (of appropriate screening age) for breast and cervical cancers.

The establishment of the PETO screening team has brought focus and dedication around cultivating population-based cancer screening efforts in California. To date, the PETO team has discussed utilizing three strategy areas in order to reach identified populations. Strategy areas are targeted outreach, targeted in-reach and public education. The PETO screening team is currently in discussions to determine specific activities to promote population-based cancer

screening to socio-economically disadvantaged California women. CDC has recommended PETO focus population-based screening efforts on: African American, American Indian, Asian/Asian Pacific Islander, rural, disabled, and lesbians. Additionally, CCPCP has reached out to CDOC general membership in an effort to build the capacity of the PETO screening team. PETO efforts are expected to reach one or more of the above named groups of women through public education, targeted outreach and targeted in-reach. See *PETO Strategy Areas* table 1.1 below to understand the relationship of PETO strategy areas.

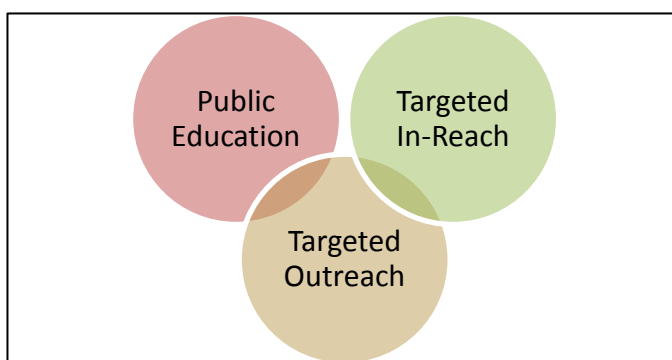


Table 1.1 PETO Strategy Areas 1

Recipient Activity 4.

Has CCPCP coordinated cancer program activities with CDOC?

Significant progress has been achieved on the level of coordination between CCPCP and CDOC. This year, a CCPCP representative has been added to the CDOC Executive Committee, as a member at large. This representative has participated in CDOC's quarterly meetings and worked towards aligning the activities of CCPCP with the goals of CDOC. CCPCP involvement, through the CDOC Executive Committee, has resulted in successfully

working towards strategies and activities described in the *Comprehensive Cancer Control Plan 2011-2015*.

CCPCP has coordinated training activities with the wider CDOC coalition; for example a webinar co-hosted with CCR titled *Surveillance Data 101* was presented. This webinar promoted the availability and accessibility of cancer data from CCR and offered access to the usability of cancer data web tools and publications. CCPCP also coordinated with CDOC on the development of a website mechanism for the purpose of following up with interested coalition members interested in becoming more involved in the work of CCPCP and/or CDOC. This website follow up mechanism has come in the form of user-friendly portable file documents (pdf) fillable files available on CDOC/CDPH websites allowing users to enroll as members, be added to the listserv, select areas of interest, commit level of participation, volunteer resources and indicate expectations of involvement .

Recipient Activity 5.

Has CCPCP facilitated the alignment of cancer and chronic disease programs with the state cancer plan?

Through organizing and convening regular CCPCP Advisory Committee meetings attended by state cancer and chronic disease program leadership, CCPCP has successfully embarked on and completed a thorough analysis of four identified California chronic disease program plans. The analysis included chronic disease program plans from Asthma, Diabetes, Alzheimer's, and Heart Disease and Stroke programs. California programs determined to be without a current program plan were not analyzed.

A formal analysis mechanism was established in the form of a comprehensive tool (*Cancer and Chronic Disease Program Alignment Tool*) that identifies aligned strategies within program plans and the state cancer plan. The design of the tool was developed through a hybrid process of interviewing cancer and chronic disease program leadership and interpreting the program plans. This tool was constructed using Microsoft Excel providing the user the ability to easily sort and filter strategies by program plan and state cancer plan priority areas. In filtering by priority area, the user can easily locate all strategies across all program plans and see how they align with the state cancer plan strategies. Strategies are organized by color coded blocks, easily identifying areas where program plans and the state cancer plan are aligned. Priority areas include primary prevention, health disparities, research, surveillance, and advocacy.

This analysis included determining program priorities and/or strategies and assessing them for alignment with the state cancer plan. Commonalities were sought and found in the state cancer plan in the areas of primary prevention (tobacco and obesity), health disparities, research, and advocacy. In the area of primary prevention, 44 strategies within the assessed program plans and the state cancer plan were found to be in alignment. In the area of cancer-related health disparities, 30 strategies within the assessed program plans were found to be in alignment with the state cancer plan. In the area of Advocacy, 11 strategies within the assessed program plans were found to be in alignment with the state cancer plan. In the areas of research, 3 strategies within the assessed program plans were found to be in alignment with the state cancer plan. See table 1.2 *Areas of Alignment: Chronic Disease Program Plans with the state cancer plan*.

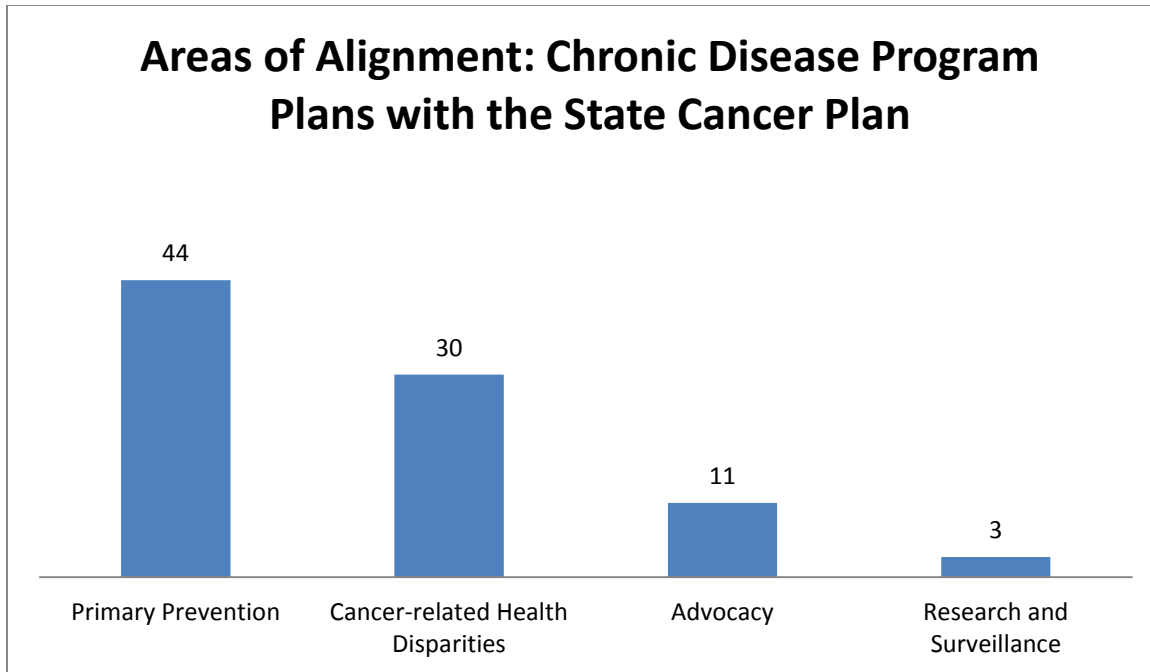


Table 1.2 Areas of Alignment: Chronic Disease Program Plans with the State Cancer Plan.

Recommendations

Recipient Activity 1.

It is recommended that future work of CCPCP focus on increasing the number of coordinated collaborative activities across cancer and chronic disease programs as CCPCP flourishes as a program. It is expected that the increase in the number of activities will not only improve coordination but also lead to a strengthened infrastructure.

Recipient Activity 2.

To better understand the training needs of CDPH cancer and chronic disease programs, it is recommended that pre and post surveys be developed in coordination with CCR and conducted concurrently as part of surveillance training activities which will establish baseline data in order to measure training effectiveness and more accurately reflect training outcomes.

A formal evaluation mechanism will also provide feedback on how to improve training components.

Recipient Activity 3.

It is recommended CCPCP continue building capacity with the PETO cancer screening work group and work towards identifying CDC recommended populations to focus upon for upcoming cancer screening efforts. CDC recommended target populations should be one or more of the following: African-American, Asian Pacific Islander, American Indian, rural women, women with disabilities, and lesbians. Populations identified should also align with California's demographic needs. Additionally, it is recommended that CCPCP actively participate in the development of formal agreements and collaborative efforts among California health systems such as Medicaid or Medi-Cal and large health plans. Developing formal agreements among California health systems will reinforce partnerships and opportunities to align collaborative efforts with the state cancer plan.

Recipient Activity 4.

It is recommended that CCPCP further develop its formal interface mechanism to provide automatic online follow up to other chronic disease coalitions within CDPH and other interested partners. This will allow CCPCP to better track the interests, needs, and contributions of California coalitions. This formal interface mechanism should be promoted to the greater membership of coalitions.

Recipient Activity 5.

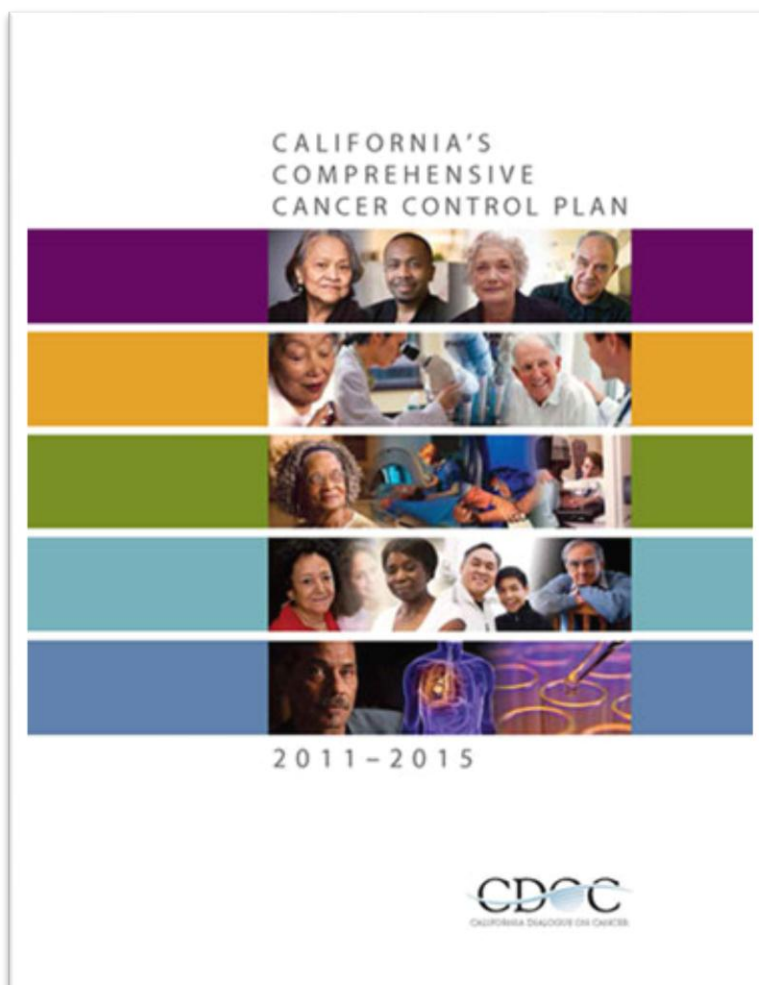
It is recommended CCPCP work to coordinate efforts among cancer and chronic disease programs within the strongest identified areas of alignment (prevention and cancer-related

health disparities) determined by the *Cancer and Chronic Disease Program Alignment Tool*; beginning the process of formally aligning cancer and chronic disease programs with the state cancer plan. Additionally, it is recommended CCPCP continue utilizing the *Cancer and Chronic Disease Program Alignment Tool* in order to analyze additional program plans as they become available to ensure all program plan priorities are considered when coordinating activities.

APPENDICES

- A. California's State Cancer Control Plan – *California's Comprehensive Cancer Control Plan, 2011-2015*
- B. CCPCP Advisory Committee Roster
- C. CCPCP Advisory Committee Agendas
- D. CCPCP Program Plan
- E. CCPCP Surveillance Plan 2012-2013
- F. Presentation CCR Webinar Agenda
- G. PETO Agenda
- H. Presentation: PSE Change Approaches in Cancer Control
- I. Cancer and Chronic Disease Program Alignment Tool

Appendix A. CALIFORNIA'S COMPREHENSIVE CANCER CONTROL PLAN (2011-2015)



For more information, visit: http://www.cdph.ca.gov/programs/cdsrb/Documents/CDOC/PDF/CaliforniaCancerPlan2011-2015_Download.pdf

Appendix B. CCPCP ADVISORY COMMITTEE ROSTER

1. Chronic Disease Surveillance & Research Branch (CDSRB)
 - Kurt Snipes, PhD
2. Comprehensive Cancer Control Program (CCCP)
 - Shauntay Davis, MPH
 - Marilyn Kempster, MPH
3. Coordinated Cancer Prevention and Control Program (CCPCP)
 - Sosha Marasigan-Quintero, MPA
4. Coordinated Chronic Disease Prevention Program (CCDPP)
 - Caroline Peck, MD, PhD
 - Jessica Nuñez de Ybarra, MD, PhD
5. National Breast and Cervical Cancer Early Detection Program (NBCCEDP)/Every Woman Counts (EWC)
 - Stephanie Roberson
 - Joanne Wellman, MPH
 - Monica Brown, PhD
 - Beverly Sato
 - Svetlana Popova, MPH
 - Gwen Moore
6. California Colon Cancer Control Program (C4P)
 - Diane Keys
7. California Cancer Registry (CCR)
 - Janet Bates, MD, MPH
 - Sandy Kwong, MPH

**Coordinated Cancer Prevention & Control Program
Planning Meeting**

AGENDA

Meeting Date	Friday, February 1st, 2013	Time	2:00 – 3:30 pm
Meeting Location	Quiet Room 74.445 Bal Room		
Meeting Date	Friday, February 1st, 2013		

Meeting Attendees	Representing
Kurt Snipes	CDSRB
Shauntay Davis	Comp Cancer
Jessica Núñez de Ybarra	CCDPP
Stephanie Roberson	EWC
Diane Keys	CCCCP
Janet Bates	CCR

Topic	Time Allotted
1. Introductions	10 min
2. Purpose of meeting and background	10 min
3. Overview of materials distributed (1) Component 1 Work Plan_Jan2013 (2) CCPCP Planning Tool (3) Component #1 Recipient Activities Performance Measures	10 min
4. Component 1 Planning Tool Discussion	45 min
5. Next Steps	5 min
6. Next meeting date and time	5 min

Coordinated Cancer Prevention & Control Program (CCPCP)
Planning Meeting

AGENDA

Meeting Date	Thursday, March 14th, 2013	Time	1:00 – 2:30 pm
Meeting Location	Mozar Quiet Room (74.443)		

CCPCP Advisory Members	Representing
Kurt Snipes	CDSRB
Shauntay Davis	Comp Cancer
Jessica Núñez de Ybarra, Caroline Peck, Jason Van Court	CCDPP
Stephanie Roberson, Joanne Wellman, Monica Brown, Sarah Rock, Beverly Sato, Svetlana Popova, Maureen Farrell	EWC
Cheryl Hunter-Marston (Representing Diane Keys)	CCCCP
Janet Bates	CCR

Topic	Time Allotted
1. Introductions Updates: Hired CCPCP Program Manager – Sosha Marasigan-Quintero	10 min
2. Recap from last meeting	5 min
3. Overview of Planning Tool and Updates made and discussion on meeting Year 1 objectives	45 min
4. Overview of Proposed Year 2	15 min
5. Proposed CDC Meeting with Program Consultants in May	10 min
6. Next Steps and Action Items Next meeting date and time	5 min

Coordinated Cancer Prevention & Control Program (CCPCP) Planning Meeting

AGENDA

Meeting Date	Wednesday, May 15, 2013	Time	1:00 – 2:30 pm
Meeting Location	74.260 Russian room (east end complex)		
Next Meeting	June 2013		

CCPCP Advisory Members	Representing
Kurt Snipes	CDSRB
Shauntay Davis	Comp Cancer
Sosha Marasigan-Quintero	Comp Cancer & CCPCP
Jessica Nuñez de Ybarra, Caroline Peck, Jason Van Court	CCDPP
Stephanie Roberson, Joanne Wellman, Monica Brown, Beverly Sato, Svetlana Popova, Gwen Moore	EWC
Diane Keys	C4P
Janet Bates	CCR

Topic	Time Allotted
1. Introductions Updates: New Hires	5 min
2. Recap from last meeting	15 min
3. Review: CCPCP Program Plan	20 min
4. Review: CCPCP Evaluation Plan	20 min
5. Mention: End of program year survey	15 min
6. Next Steps and Action Items Next meeting date and time	15 min

Notes:

Coordinated Cancer Prevention & Control Program (CCPCP) Planning Meeting

AGENDA

Meeting Date	Monday, June 17, 2013	Time	9:30 – 11:00 am
Meeting Location	74-45		
Next Meeting	July 2013		

CCPCP Advisory Members	Representing
Kurt Snipes	CDSRB
Shauntay Davis	Comp Cancer
Sosha Marasigan-Quintero	Comp Cancer & CCPCP
Jessica Nuñez de Ybarra, Caroline Peck, Jason Van Court	CCDPP
Stephanie Roberson, Joanne Wellman, Monica Brown, Beverly Sato, Svetlana Popova, Gwen Moore	EWC
Diane Keys	C4P
Janet Bates	CCR

Topic	Time Allotted
1. Introductions Updates: New Hires	5 min
2. Recap from last meeting	15 min
3. Review: Final CCPCP Program Plan	20 min
4. Review: Program Plan Analysis Workbook	20 min
5. Mention: Current and upcoming activities	
6. Next Steps and Action Items Next meeting date and time	15 min

Notes:

Coordinated Cancer Prevention & Control Program Plan

FY 2012-2013

Purpose

The purpose of the Coordinated Cancer Prevention & Control Program (CCPCP) Plan is as follows:

1. To establish a cooperative plan available to all collaborators and other interested stakeholders that defines how the CCPCP will coordinate efforts among all cancer and chronic disease programs within the California Department of Public Health (CDPH) and the Department of Health Care Services (DHCS).
2. To determine specific goals and activities that contributes to specific program priorities.

Key Programs Involved:

California Department of Public Health

California Cancer Registry (CCR), California Colon Cancer Control Program (C4P), and, Comprehensive Cancer Control Program (CCCP), Coordinated Cancer Prevention Control Program (CCPCP) and, Coordinated Chronic Disease Prevention Program (CCDPP).

Department of Health Care Services

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)/Every Woman Counts (EWC).

Priority One - Leadership, Management, and Coordination (Recipient Activity 1)

Goals

- Establish, enhance, and maintain collaborative relationships with cancer and chronic disease prevention programs within CDPH.
- Coordinate engagement of key partners and partner organizations in a coordinated fashion across all cancer and chronic disease programs.
- Support policy, communications, epidemiology, and evaluation activities among all programs.

Priority One Objectives

1. Establish a leadership & management infrastructure of the CCPCP through the hiring of a leadership staff position and development of a staff and training plan.
2. Establish a CCPCP plan that will support a coordinated and collaborative approach to cancer control activities among cancer and chronic disease programs.

Activities:

1. Invite staff and leadership in key positions to coordinate and collaborate
2. Organize meetings with all cancer and chronic disease programs
3. Create and invest in relationships across all programs
4. Develop a collaborative plan among all cancer and chronic disease programs

Measurables:

1. Qualified staff hired
2. Established staff and training plan
3. Evidence of routine meetings through agenda and minutes
4. Number of established, enhanced and maintained collaborative relationships
5. Established CCPCP program plan

Timeframe: June 30, 2012-June 29, 2013

Priority Two - Enhanced use of Surveillance Data (Recipient Activity 2)

Goals

- Provide sufficient oversight for and increased use of user friendly CCR data to state program staff, coalition stakeholders, decision makers and the public.
- Facilitate CCR data exchange between cancer and chronic disease programs to support and guide cancer control interventions.

Priority Two Objective

1. Establish a CCPCP Surveillance Plan to identify collaborative priority strategies in alignment with the state cancer plan related to enhanced use of surveillance data among all cancer and chronic disease programs

Activities:

1. Meet with CCPCP leadership to identify priorities
2. Identify strategies in alignment with the state cancer plan
3. Develop surveillance plan

Measurables:

1. Increased number of opportunities created to inform decision makers and the public about cancer and chronic disease burden, prevention, and intervention
2. Established CCPCP Surveillance Plan

Timeframe: June 30, 2012-June 29, 2013

Priority Three - Promotion of Population-based Cancer Screening (Recipient Activity 3)

Goal

- Provide management support and leadership to collaboratively promote population-based quality screening and appropriate follow-up for breast, cervical, and colorectal cancer.

Priority Three Objective

1. CCPCP will establish a CCPCP Screening Workgroup that will provide coordination to collaboratively promote population-based quality screening and appropriate follow-up.

Activities

1. Leverage and engage key stakeholders
2. Establish screening workgroup and convene stakeholders
3. Facilitate meetings and collaborate

Measurables:

1. Established CCPCP Screening Team
2. Increased evidence of program coordination and/or collaboration

Timeframe: June 30, 2012-June 29, 2013

Priority Four – Coordinate Cancer Program Activities with Existing Cancer Coalition (Recipient Activity 4)

Goals

- Provide management support and leadership to maintain an active and coordinated role with CDOC.
- Ensure that a representative of the leadership from the health department cancer program or bona fide agent is a member of CDOC Executive Committee.
- Ensure that state-level health leaders are actively engaged with CDOC.

Priority Four Objective

1. CCPCP and CDOC leadership will establish a formal mechanism to interface CDOC with other chronic disease coalitions within CDPH.

Actions:

1. Establish a CCPCP leadership position within CDOC
2. Facilitate meetings with external coalition reps representing CDPH chronic disease programs and other relevant CDPH external coalitions
3. Establish and implement formal mechanism to interface with chronic disease coalitions within CDPH and DHCS.

Measurables:

1. Established leadership position within CDOC
2. Established coordination mechanism
3. Number of times CDOC was engaged with CCPCP
4. Increased representation of all cancer and chronic disease programs

Timeframe: June 30, 2012-June 29, 2013

Priority Five - Alignment of Cancer Programs with the State Cancer Plan (Recipient Activity 5)

Goal

- Ensure goals and intended outcomes of individual cancer and chronic disease programs are aligned with cancer plan.

Priority Five Objective

1. Establish a mechanism in order to ensure relevant priorities of all cancer and chronic disease programs are in alignment with the state cancer plan.

Activities:

1. Facilitate meetings with cancer and coordinated chronic disease program reps in order to assess program activities & objectives
2. Ensure all program priorities and other chronic disease plans are in alignment with state cancer plan
3. Establish and implement formal mechanism

Measurables:

1. Completed analysis of cancer programs
2. Established mechanism

Priority Six – Program Evaluation

Goals

- Determine the extent CCPCP activities have contributed to the larger goal of coordinating and collaborating all cancer and chronic disease programs within CDPH and DHCS.
- Determine to what degree collaborative relationships and formal activities among programs have been established
- Provide accountability

Priority Six Objectives

1. Develop evaluation report in order to enhance CCPCP functions.

Activities:

1. Develop evaluation plan
2. Implement program evaluation
3. Develop evaluation report

Measurables:

1. Evidence of program monitoring and activity tracking
2. Evaluation report completed

Timeframe: June 30, 2012-June 29, 2013

Coordinated Cancer Prevention & Control Program Surveillance Plan FY 12-13

Purpose

The purpose of the Coordinated Cancer Prevention and Control Program (CCPCP) Surveillance Plan is as follows:

3. To establish a collaborative plan among the CCPCP and the California Cancer Registry (CCR) that defines surveillance program priorities that will contribute to the increased use of user friendly surveillance data.
4. To determine specific actions that contributes to specific program priorities.

Key Programs Involved:

California Cancer Registry (CCR), Comprehensive Cancer Control Program (CCCP), and Coordinated Cancer Prevention Control Program (CCPCP).

Priority One

Provide oversight for increased use of CCR data to improve quality and efficiency of cancer prevention and treatment efforts across state organizations.

Actions:

5. Facilitate meetings with cancer and surveillance representatives in order to assess program activities & objectives
6. Identify priority strategies in alignment with the state cancer plan

Measurables:

1. Evidence of increased coordination among key programs involved

2. Number of established trainings and activities

Timeframe: June 30, 2012 – June 29, 2013

Priority Two

Facilitate CCR data exchange between state cancer programs and other state organizations to support and guide cancer control interventions, measure success, and modify program activities.

Actions:

1. Organize training or presentations on utilizing registry services
2. Promote CCR and services available to state programs and other state organizations

Measurables:

1. Established number of trainings or presentations
2. Increased awareness of what types of data would be useful for programs
3. Improved understanding of CCR and services available

Timeframe: June 30, 2012 – June 29, 2013

Priority Three

Facilitate routine data linkages to provide cancer staging and mortality outcomes to programs

Actions:

4. Expand utilization of registry data
5. Identify how often data requests can be made and how to frame data requests

Measurables:

3. Increase of properly framed data requests resulting in increased access
4. Increased effectiveness of knowledge of data relevant to programs

Timeframe: June 30, 2012 – June 29, 2013

CCR Data 101

Webinar

June 25, 2013

12:00 noon – 1:00 pm

Presented by: California Department of Public Health and the California Cancer Registry

- | | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 min- | Introductions |
| 5 min- | Overview of what the California Cancer Registry (CCR) does |
| 5 min- | Introduction to the cancer burden in California |
| 25 min- | Review of CCR resources |
| | <ul style="list-style-type: none">• Reports and publications available• Data and mapping tool• CCR data for research |
| 10 min- | Q&A |



Public Education and Targeted Outreach (PETO) Workgroup
Friday, June 14, 2013
10:00 AM – 12:00 PM
Meeting Agenda

Welcome, Introductions, & Workgroup Expectations 10:00-10:10

Joanne Wellman, Chief,
Health Education and Communications Unit

EWC Health Education Overview/CDC Guidelines 10:10-10:30

Joanne Wellman

Current Breast and Cervical Cancer Screening Gaps 10:30-10:40

EWC Evaluation and Research Unit

**Comprehensive Cancer Control Program (CCCP) &
Coordinated Cancer Prevention Control Program (CCPCP)
Overview** 10:40-10:50

Shauntay Davis, Program Director
Sosha Marasigan-Quintero, Program Manager

Brainstorm Potential Objectives and Activities 10:50-11:50

All

Wrap Up 11:50-12:00

Policy, Systems and Environmental Change Approaches in Cancer

June 27, 2013

12:00 noon-1:00 pm

Presented by Marilyn Kempster, MPH and Shauntay Davis, MPH

Objectives:

- **What is policy, systems, and environmental (PSE) change?**
- **Why is PSE change important for cancer control and prevention?**
- **What is different about PSE change compared to traditional health programs and interventions?**
- **Examples of PSE in the state cancer plan**

Appendix I. CANCER AND CHRONIC DISEASE PROGRAM ALIGNMENT TOOL

Plan (Coordinated Chronic Disease)	Program Plan Strategy (Coordinated Chronic Disease)	Primary Prevention (Cancer Plan)	Health Disparities (Cancer Plan)	Research (Cancer Plan)	Advocacy (Cancer Plan)
CA State Plan for Alzheimer's	Collaborate with private, state and federal partners to increase participation of diverse populations in		HD-Expand cultural targeting of services to at-risk ethnic groups	R-Raising awareness about clinical trials and community-based	
CA Strategic Plan for Asthma	Promote public awareness for consumer rights laws and regs regarding state health plan coverage for health plan benefits				A- Educate the public on available and upcoming health coverage options
CA Strategic Plan for Asthma	Establish mechanism to support timely sharing of patient data between primary care providers in patient settings			S-Enhance capacity of cancer surveillance data collection sources to produce and disseminate use-friendly information for public, health orgs, researchers and stakeholders	
CA Strategic Plan for Asthma	Support legislative and policy initiatives that expand health care drug coverage for all Californians	TU-Support/implement policies that prohibit tobacco use in schools			A- Advocate for state policy and legislation to increase access and affordability of healthcare coverage
CA Strategic Plan for Asthma	Convene representatives at state level to develop a set of California recommended best practices for improving cultural, linguistic, and geographic access to care for chronic conditions		HD-Expand cultural targeting of services to at-risk ethnic groups		
CA Strategic Plan for Asthma	Utilize professional development institutes to educate staff about key asthma issues including asthma symptoms, treatment, emergency, and environmental triggers		HD-Provide capacity building to sustain local efforts		
CA Strategic Plan for Asthma	Engage interested stakeholders to evaluation existing state laws and regulations to determine adequacy in addressing asthma-related environmental quality issues	TU-Support secondhand smoker policies in the workplace			A- Advocate for state policy and legislation to increase access and affordability of healthcare coverage
CA Strategic Plan for Asthma	Promote policy and public education efforts to further reduce smoking prevalence and help people quit smoking	TU-Support secondhand smoker policies in the workplace			
CA Strategic Plan for Asthma	Reduce access to tobacco products by minors	TU-Decrease tobacco marketing to minors			
CA Strategic Plan for Asthma	Ban outdoor smoking to adjacent to public buildings	TU-Support/implement policies that prohibit tobacco use near			
CA Strategic Plan for Asthma	Reduce the presence of tobacco industry sponsorship at community events	TU-Decrease tobacco marketing to minors			
		Key			
Ultraviolet Exposure	Tobacco Use	Target ethnic and/or underserved	Reform/Advocacy		
HPV	Obesity	Capacity building locally	Research/Surveillance		